

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10 565300	FILING DATE						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2						52							
3						53							
4						54							
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6						56							
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9	1					59							
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45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	2		↓										
TOTAL DEP.	0	↔		↔	↔								
TOTAL CLAIMS	10												